



Indian Health Service

A Quick Look

"The vision of the Indian Health Service is one that looks to a future of healthy Indian children and adults. To ensure this future, we must continue to listen to all those involved in Indian health as we make decisions today that will affect generations to come."

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Director, Indian Health Service

Members of 561 federally recognized American Indian and Alaska Native Tribes and their descendants are eligible for services provided by the Indian Health Service (IHS). The IHS is an agency within the Department of Health and Human Services (HHS). The IHS provides a comprehensive health service delivery system for approximately 1.8 million of the nation's estimated 3.3 million American Indians and Alaska Natives. Its FY 2005 budget program level spending totaled approximately \$3.7 billion. The IHS strives for maximum Tribal involvement in meeting the needs of its service population, most of whom live on or near reservations and in rural communities in 35 states, mostly in the western United States and Alaska.

FEDERAL-TRIBAL RELATIONSHIP

Federally recognized American Indian Tribes and Alaska Native corporations have a government-to-government relationship with the United States. This unique relationship has been given substance through numerous treaties, Supreme Court decisions, legislation, Executive Orders, and the U.S Constitution.

The IHS is the principal federal health care provider and health advocate for Indian people. The principal legislation authorizing federal funds for health services to recognized Indian Tribes is the Snyder Act of 1921. It authorized funds "for the relief of distress and conservation of health . . . [and] for the employment of . . . physicians . . . for Indian Tribes throughout the United States."

Congress passed the Indian Self-Determination and Education Assistance Act (Public Law 93-638, as amended) to provide Tribes the option of assuming from the IHS the administration and operation of health services and programs in their communities, or to remain within the IHS administered direct health system. Congress subsequently passed the Indian Health Care Improvement Act (P.L. 94-437), which is a health-specific law that supports the options of P.L. 93-638.

The goal of P.L. 94-437 is to provide the quantity and quality of health services necessary to elevate the health status of American Indians and Alaska Natives to the highest level possible, and to encourage the maximum participation of Tribes in the planning and management of those services.

MISSION, GOAL AND FOUNDATION

The mission of the IHS, in partnership with American Indian and Alaska Native people, is to raise their physical, mental, social, and spiritual health to the highest level possible.

The goal of the IHS is to ensure that comprehensive, culturally acceptable personal and public health services are available and accessible to all American Indian and Alaska Native people.

The foundation of the IHS is to uphold the Federal Government's obligation to promote healthy Indian people, communities, and cultures and to honor and protect the inherent sovereign rights of Tribes.

HEALTH CARE DELIVERY

Preventive measures involving environmental, educational, and outreach activities are combined with therapeutic measures into a single national health system. Most IHS funds are appropriated for American Indians and Alaska Natives who live on or near reservations or Alaska Villages. Congress also has authorized funding to support programs that provide some access to care for American Indians and Alaska Natives who live in Urban areas.

Health services are provided directly by the IHS, through Tribally contracted and operated health programs, and through services purchased from private providers. The Federal system consists of 33 hospitals, 54 health centers, and 38 health stations. In addition, 34 Urban Indian health projects provide a variety of health and referral services.

Through P.L. 93-638 Self-Determination contracts, American Indian Tribes and Alaska Native corporations administer 15 hospitals, 216 health centers, 9 residential treatment centers, 97 health stations, and 162 Alaska village clinics.

All 33 IHS-operated hospitals and all 15 of the Tribally operated hospitals are accredited by the Joint Commission on Accreditation of Health Care Organizations.

The IHS clinical staff consists of approximately 2,700 nurses, 900 physicians, 400 engineers, 500 pharmacists, 300 dentists, and 150 sanitarians. The IHS also employs various allied health professionals, such as nutritionists, health administrators, and medical records administrators. The IHS has a vacancy rate of about 13% for health professional positions, ranging from a vacancy rate of 5% for sanitarians to 29% for dentists.

DIRECTOR'S PRIORITIES

The IHS Director has established certain management priorities as an initial starting point for Agency efforts. These include recruiting and retaining health care professionals, strengthening inter-agency collaboration to eliminate Indian health disparities and coordinate resources, emphasizing preventing disease and injury, and implementing a results-oriented and market-based business plan.

These priorities are part of a focused effort to address health issues through building health promotion and disease prevention programs. Eliminating adverse health factors such as obesity, sedentary lifestyles, smoking, substance abuse, high-fat diets, and hypertension could significantly improve health status.

Therefore, the IHS has begun to weave a network of support systems and partnerships that will help to address all these contributory factors to the health and well-being of the people we serve.

SUCCESES

The Indian health care system presents a successful model for rural health programs as well as for indigenous people around the world because of its respect for cultural beliefs, its blending of traditional practices with the modern medical model, and its emphasis on public health and community outreach activities.

The agency's consultation with Tribal governments and its facilitation of Indian people's involvement in policy development and agency decision making has led to their participation in setting program and budget priorities and advocating for their health needs. The agency's consultation practices can be a model for the entire Federal Government.

The HHS was the first to issue a Department-wide Tribal consultation policy, the first to hold regional Listening Councils with Tribal leaders, and the first to hold a Department-level budget consultation meeting so that Tribal leaders and representatives could present their needs and priorities to the HHS.

The Indian health model and the participation of Indian people in decisions affecting their health has produced significant health improvements for Indian people: Indian life expectancy has increased by more than 9 years since 1973; and mortality rates have decreased for maternal deaths, tuberculosis, gastrointestinal disease, infant deaths, unintentional injuries and accidents, pneumonia and influenza, homicide, alcoholism, and suicide.

CHALLENGES

Indian people continue to experience health disparities. Indian life expectancy (74.5 years) is still about 2.4 years less than that for the U.S. general population (76.9). Death rates are significantly higher in many areas for Indians compared to the U.S. general population, including tuberculosis (530% higher), alcoholism (520% higher), motor vehicle crashes (200% higher), diabetes (210% higher), unintentional injuries (150% higher), homicide (90% higher), and suicide (60% higher).

Policymakers and Indian people are concerned about the health care funding deficiencies for Indian people. A stakeholder workgroup has developed an actuarial model to estimate the costs of personal health care services for Indian people similar to mainstream health plan benefits enjoyed by many Americans. According to the cost model, the IHS appropriated funding provides only about 55% of the necessary federal funding to assure mainstream personal health care services to American Indians and Alaska Natives using the IHS system. The workgroup is broadening its study to determine the medical and business infrastructure necessary to provide comparable services and levels of access.

Health status is not just a health care issue. It is about ensuring that there are educational opportunities; safe communities; adequate housing; and adequate economic and employment opportunities. These things, and more, all work in concert to affect health status. It is therefore vital that all available resources, Federal and private sector, be brought to bear on Indian health issues.

Additional Information

Additional information on the IHS is available at <http://www.ihs.gov> and <http://info.ihs.gov> or by contacting the IHS Public Affairs Staff at 301-443-3593.